



2013 Annual Report

Charting a path for quality improvement in public health

kdheks.gov

Message from the Secretary

It was a banner year for the state health department – from the launch of a new Medicaid program to the implementation of a state-of-the-art health and environmental laboratory information management system. No matter your association with the Kansas Department of Health & Environment, you are the reason we strive for excellence in all we do.



For me, 2013 has been about renewing a culture of quality improvement (QI) across the state's health and environment infrastructure. KDHE has always worked to provide the highest quality of services to Kansans, and now we're taking that a step further by gathering more meaningful baseline data and using standardized QI tools to help us better measure the performance of our programs. Strategically speaking, QI holds an increasingly important place in our public health initiatives. Just as we encourage Kansans to be accountable to themselves and their family members through healthy and safe lifestyles, we know that we must remain accountable to taxpayers in our work to protect and improve the health and environment of all Kansans.

As we prepare to submit our application for accreditation to the Public Health Accreditation Board, KDHE remains diligent in aligning its program activities with the agency's strategic priorities to achieve the most effective and efficient services for the state. Kansas' public health system – including county health departments, clinics, hospitals, behavioral health centers, emergency management, etc. – is committed to finding areas for continual improvement and working together to achieve success in the three core roles of public health - assessment, policy development and assurance.

You'll read in this 2013 Annual Report that we have implemented several new efficiencies, such as the online application for child care facility operators and the web-based air permitting system for new and expanding construction projects. I especially want to highlight the work of all three divisions at KDHE—Division of Public Health, Division of Environment and Division of Health Care Finance—as well as our health system partners, regarding their participation in the *Healthy Kansans 2020* state health assessment process and in the conversation around the integration of public health and primary care services. This annual report provides only the highlights from a long list of KDHE program milestones recorded in calendar year 2013. For the latest information on all KDHE services, visit us at kdheks.gov.

A handwritten signature in blue ink, appearing to read "Robert Moser".

Robert Moser, M.D.

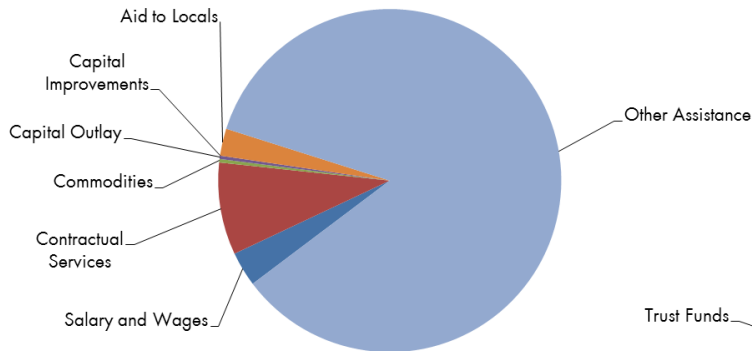
Kansas Health & Environment Secretary and State Health Officer

Financials

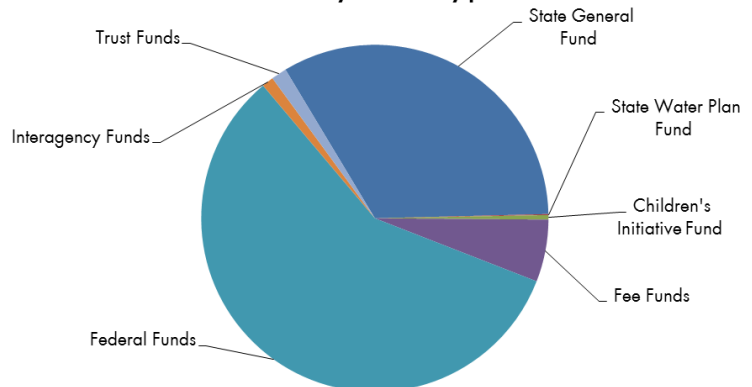
FY 2013 Expenses by FUND					
FUND TYPE	Administration	Public Health	Health Care Finance	Environment	TOTAL AGENCY
STATE GENERAL FUND	5,386,586	18,923,731	643,478,072	6,056,953	673,845,342
STATE WATER PLAN FUND	-	-	-	1,775,027	1,775,027
CHILDRENS INITIATIVES FUND	-	7,313,438	-	1,187,078	8,500,516
AGENCY FEE FUNDS	11,048,091	7,348,422	87,204,581	12,044,420	117,645,514
FEDERAL FUNDS	9,638,414	126,077,808	1,022,738,122	16,912,064	1,175,366,408
INTERAGENCY FUNDS	255,266	-	21,884,297	-	22,139,563
AGENCY TRUST FUNDS	464,769	1,174,247	8,211,121	19,225,926	29,076,063
TOTAL	\$ 26,793,126	\$ 160,837,646	\$ 1,783,516,193	\$ 57,201,468	\$ 2,028,348,433

FY 2013 Expenses by EXPENDITURE					
EXPENDITURE TYPE	Administration	Public Health	Health Care Finance	Environment	TOTAL AGENCY
SALARIES & WAGES	6,992,821	19,817,704	11,868,667	27,685,042	66,364,234
CONTRACTUAL SERVICES	11,915,713	24,287,899	120,572,137	19,563,636	176,339,385
COMMODITIES	87,058	3,728,857	49,341	2,837,268	6,702,524
CAPITAL OUTLAY	335,303	2,125,931	2,557,075	1,283,305	6,301,614
CAPITAL IMPROVEMENTS	-	-	129	39,437	39,566
AID TO LOCALS	49,871	37,252,854	12,170,641	2,444,322	51,917,688
OTHER ASSISTANCE	7,412,360	73,624,401	1,636,298,203	3,348,458	1,720,683,422
TOTAL	\$ 26,793,126	\$ 160,837,646	\$ 1,783,516,193	\$ 57,201,468	\$ 2,028,348,433

FY13 by Expenditure Type



FY13 by Fund Type



Our Mission

To protect and improve
the health and environment
of all Kansans.



Our Vision

Healthy Kansans living in safe
and sustainable environments.

Impacting population health: A statewide conversation

During the summer of 2013, KDHE began a series of regional listening sessions with service providers to discuss the joint role of public health and primary care in improving health outcomes. The series was titled "Impacting Population Health: A Statewide Conversation." Robert Moser, M.D., Secretary and State Health Officer, along with KDHE's Bureau of Community Health Systems, highlighted successful partnerships and initiated discussion around the opportunities for public health and primary care. Meetings took place in Wichita, Chanute, Garden City, Salina, Colby, Topeka and Kansas City.

"Already, many Kansas communities have identified innovative strategies for collaboration, and these efforts are improving the quality of life for Kansans," said Dr. Moser. "These conversations are essential in the work to improve population health."


Examples of public health and primary care integration include facility-use agreements and sharing responsibility for community wellness programs. An executive summary of the sessions and a report of activities are available online.

As an outcome of these ongoing discussions, KDHE has formed the **Center for Population Health** within the Bureau of Community Health Systems, formally bringing together the programs of Primary Care, Rural Health and Local Public Health for identifying opportunities for collaboration, activity planning, and opportunity exploration. The KDHE Center for Population Health will work toward achieving greater synergy to improve the health of all Kansans. 🔗

Supporting Community Health Systems

On July 1, 2013, the Division of Health officially became the **Division of Public Health** (DPH) to better reflect the collective work of its bureaus. DPH works with service providers and other stakeholders to build and


Trauma designation is a voluntary process in which hospitals have made the commitment to providing optimal care by ensuring staff have specialized trauma training and participate in quality improvement activities.

The **Primary Care Clinic Grant Program** provides state funds to 40 clinics that see all patients regardless of their ability to pay, with 75 clinic sites located in 35 Kansas counties. As of March 2013, these state-funded clinics reported 707,837 medical, dental, and/or behavioral health care visits by 235,596 Kansans. 


The health sector plays a direct role in the state's economy:

- Employs **12 percent** of all job holders in the state
- Generates over **\$13 billion** in total income
- More than **\$21 billion** in total sales annually

(Source: January 2013, Office of Local Government, KSU Research and Extension)

sustain Kansas' local and regional public health system infrastructure to prevent disease and injury. 

Since March 2012, the **Kansas Trauma Program** has designated 27 hospitals as Trauma Centers. In Kansas, we currently have three **Level I**, two **Level II**, five **Level III**, and 20 **Level IV** centers.

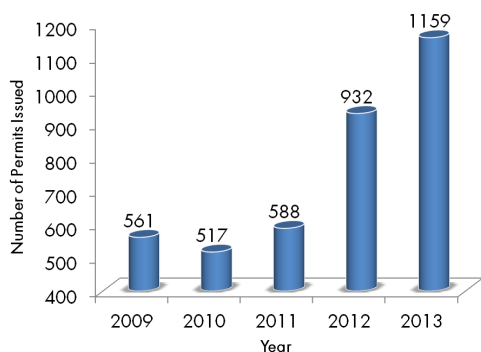
Hospitals are classified according to the level of resources available. Level I centers have the full range of specialists available 24/7. Level IV centers can stabilize the seriously injured before transferring to a higher level of care, if needed. Learn more at kstrauma.org. 

- 254 primary care, mental health and dental Health Professional Shortage Areas in Kansas
- 104 National Health Service Corps providers and 15 State Loan Repayment Program providers practicing in underserved Kansas communities
- 93 "J-1" visa waiver providers practicing in underserved Kansas communities

Promoting healthy environmental practices in a growing economy

Division of Environment has facilitated an increase of business activity in the State with new construction projects and business expansion at current industrial sites.

Air Construction Permits Issued 2009 - 2013

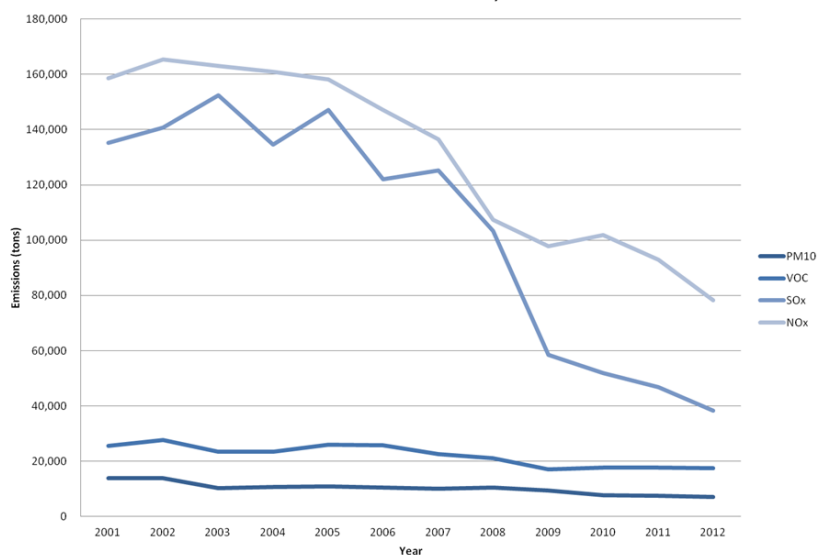


There has been a **significant upward trend in air construction permitting**. Air quality permits give Kansas the ability to tie limits to activity, holding emissions to a minimum, prior to facilities beginning construction. Even with this significant upward trend, the Bureau of Air has been able to keep **permit approval turnaround times as short as possible**.

KDHE has been working to make **online permitting** accessible to the regulated public. Plans for 2014 call for the finalization and implementation of the newly developed online permitting system for submission of air construction permits.

Kansas has experienced a **reduction in air pollutants** that impact human health. This decrease can only **enhance the health and well-being of all Kansans**.

Kansas Point Source Emissions, 2001-2012



Maintaining clean water for all Kansans


Ninety-six percent of all Public Water Supply customers receive water that meets state and federal drinking water requirements. The remaining four percent generally reside in very small communities that are struggling to afford needed upgrades, and the Bureau of Water will use quality improvement tools to examine the best ways to assist these suppliers in complying with requirements.



The wastewater permitting rate has been maintained at a rate greater than 90 percent, exceeding the national average of around 83 percent. These permits help to ensure surface waters meet their intended uses. The Bureau continues to make low-interest loans (generally lower than three percent) to municipalities for water and wastewater system improvements. The program has aggressively leveraged EPA-provided capital in the form of state bond sales in order to generate a larger loan fund.

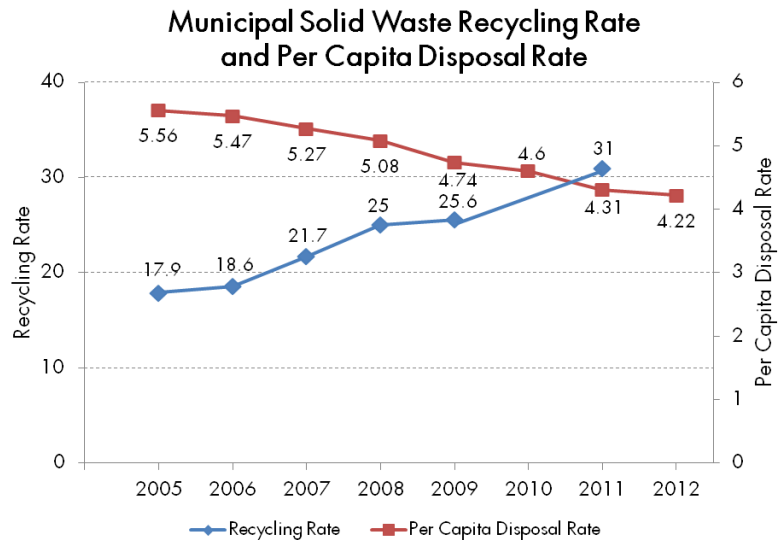
- More than \$1 billion to wastewater facilities since 1989
- More than \$0.5 billion to drinking water projects since 1994



Kansas' Watershed Restoration and Protection Strategy (WRAPS) program offers a framework to engage citizens and other stakeholders in a teamwork environment to protect and restore our watersheds. These watershed plans are currently serving and protecting 45 percent of the state's total land surface. This includes most watersheds draining into large federal reservoirs. Annual investments in WRAPS total approximately \$2.5million, with about \$600,000 from State Water Plan funds and \$1.9 million from Clean Water Act section 319 funds. 

Reducing landfill usage and finding alternatives to waste

The Municipal Solid Waste recycling rate and the per capita disposal rate demonstrate that steady improvements have been made in reducing waste across Kansas. However, the fact that over four pounds per person is still disposed each day (a total of over two million tons per year), shows the need for a thorough and attentive permitting and inspection program to ensure that waste is being properly managed.



During 2013, the KDHE Bureau of Waste Management:

- Obtained authorization from the U.S. EPA to administer the RCRA Corrective Action Program
- Carried out a study and began preparing a report for the Legislature in response to House Bill 2249 on the adequacy of waste reduction practices in Kansas
- Completed new regulations on the land-spreading of waste generated by drilling oil & gas wells

A large number of people are employed by local governments, private companies, and non-profit organizations to properly manage solid waste and recyclable materials. KDHE seeks

to minimize burdens and costs associated with providing such services by limiting permitting requirements and by providing technical training and guidance to facility operators. 🔍

New laboratory information management system

Kansas Health and Environmental Laboratories (KHEL) provide both clinical and environmental laboratory services to many programs within KDHE and facilities throughout the state. KHEL has completed a two-year, \$1.5 million project to implement a comprehensive **Laboratory Information Management System (LIMS)**. The project followed a strict implementation plan and was completed with less than five percent deviation from the original timeline.



The new LIMS system will:

- Enhance communication between KHEL and customers
- Provide faster delivery of testing results
- Improve efficiencies and custom interfaces
- Support the long-term operational and strategic goals of KDHE to improve the health of all Kansans and their environment

KHEL has targeted improvements in customer service for 2014. KHEL looks forward to reviewing all communication interactions and relationships with its customers and hopes to improve the quality and timeliness of communications with stakeholders. ⓘ

Cleaning up decades-ago contamination for economic development

Bureau of Environmental Remediation (BER) manages more than 3,200 environmentally contaminated sites across the State of Kansas. Through remediation, KDHE works to protect the health and welfare of current and future generations and to protect and preserve one of the most important natural resources of our state - our water. ⓘ

BER's Kansas Brownfields Program (KBP) identifies properties for redevelopment. In 2013, the KBP:

- Assessed 26 brownfields, totaling approximately 95.5 acres
- Cleared 69 percent of assessed brownfields for redevelopment
- Assisted with the establishment or expansion of community businesses, creating jobs and increasing the local tax base

Fielding a return on investments for our environmental practices

The Bureau of Environmental Field Services (BEFS) is organized within the Division of Environment and provides services to the other four bureaus in the division. Regular compliance inspections serve to protect the health of the environment and citizens of the state. Operations conducted in 2013 reveal positive economic indicators for the State of Kansas.

- 112 site evaluations for Air Quality Construction Permits
- 58 site evaluations for new or expanding feedlots
- 51 site evaluations of new or expanding Public Water Supply and Wastewater facilities
- 91 new Underground Storage Tank installations at new and existing facilities

Through visits to permitted facilities, BEFS district staff are able to provide technical advice and compliance assistance to permitted facilities.



BEFS staff have also responded to and investigated blue-green algae reports from local lake managers and the public since 2010. During the 2013 sampling season (April 1—Oct 31), more than 100 samples were taken from 24 Kansas lakes, bringing KDHE's sampling to nearly 700 over a four year span.

By keeping an even playing field for new businesses to start up and to know what regulations apply to their industry, the risk of starting a new business venture becomes lower. With each new business, private sector employment is enhanced. BEFS also provides technical assistance to employers and training to the regulated community and the public about environmental regulations, so that compliance can be achieved at minimal cost. ⌚



2013 Public Health Investigations

Understanding how disease conditions are acquired and could be spread is a core public health function that relies on an investigation to gather information. The Bureau of Epidemiology and Public Health Informatics (BEPHI) maintains trained epidemiologists who conduct, in partnership with local health departments and other state and federal agencies, timely investigations of health problems and environmental public health hazards. Through multi-disciplinary collaboration, work is focused on containing

and reducing the risks associated with these hazards.

The primary goals of the various programs and activities of BEPHI include not only the prevention and control of disease outbreaks, but also collecting, analyzing, and disseminating information regarding health outcomes, such as hospitalizations, occurrence of infectious diseases, deaths, etc., and factors that contribute – negatively and positively – to health status and outcomes. ⓘ

BEPHI conducted 70 public health investigations in 2013:

- 17 outbreaks of vaccine-preventable diseases
- 42 gastrointestinal illness outbreaks including pathogens spread through contaminated food or water or from person-to-person
- 11 investigations conducted because of environmental or other concerns

Office of Vital Statistics holds inaugural Birth Clerk conference


In April 2013, the Office of Vital Statistics hosted a statewide Birth Clerks Conference in Wichita to improve the quality of birth record information that is filed on birth certificates. Ninety birth clerks from across the state attended. Various speakers gave presentations on topics pertaining to the importance of timely and accurate birth certificate data for public health purposes and for rapid assignment of social security numbers for the Social Security Administration. The role of electronic health records and particular issues related to birth clerk data entry were also discussed. Positive feedback was received from the attendees, resulting in the plan to make the conference an annual event. Preliminary results indicate completeness in reporting of prenatal care and other birth outcomes data has improved from this quality improvement activity. ⓘ

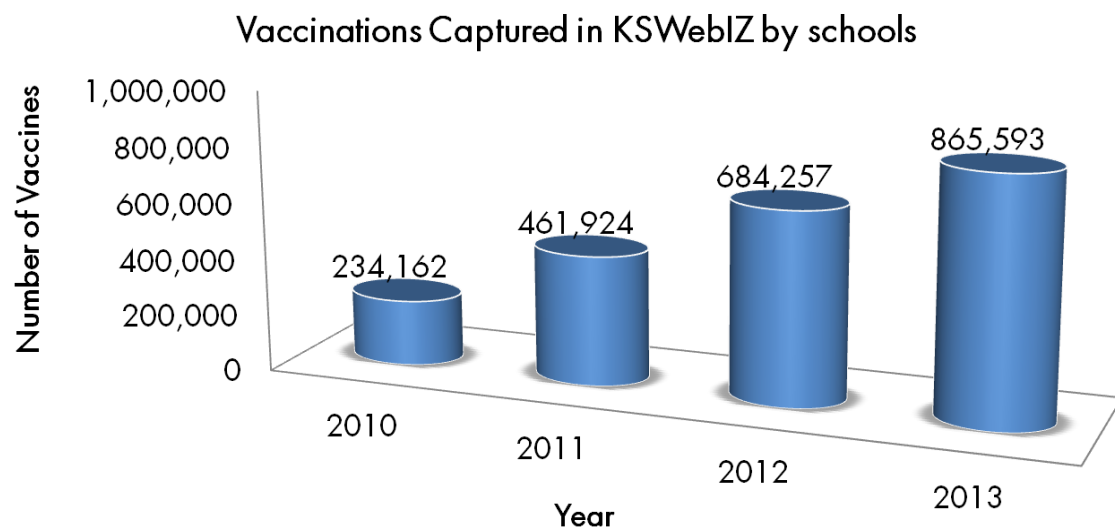
Kansas Births by Year:

- 2010 40,439
- 2011 39,627
- 2012 40,304

Enhanced data for vaccination of Kansas children

The Bureau of Disease Control and Prevention reports a 34 percent increase in vaccines captured in KSWebIZ by schools between 2012 and 2013. Kansas schools provide data for the electronic immunization registry, resulting in the creation of more complete immunization histories for children. The degree of accuracy and completeness in these records can also facilitate KDHE's ability to target resources to underserved areas. Children who are up to date on immunizations can positively impact the overall health of Kansas students, which is conducive to a productive learning environment. Inclusion of immunization data captured by schools helps KSWebIZ meet the Kansas Healthy People 2020 objective: Increase the percentage of children less than 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS) to 95 percent.

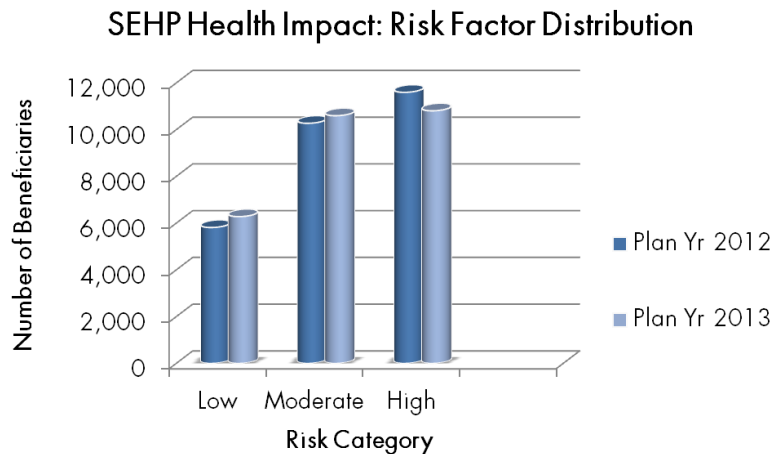
In 2013, KSWebIZ captured 19.9 million vaccinations, up from 18.2 million in 2012. During 2013, two additional pharmacies began submitting data to KSWebIZ, increasing the number of vaccinations captured from pharmacies by over 78 percent (from 175,732 vaccinations in 2012 to 313,819 vaccinations in 2013); and increasing the number of patient records captured from pharmacies by over 60 percent (from 86,260 patient records in 2012 to 138,860 patient records in 2013). 



More employees moving to low-risk category in state employee health plan

The State Employee Health Plan (SEHP) reports a favorable risk trend with more people moving to the low-risk category and fewer people in the high-risk category. In 2013, there was a high risk reduction of 2.9 percent with a net change in risk status of 3.8 percent. This was an improvement over 2012, which also saw a favorable risk trend.

This trend indicates this cohort population of more than 27,600 beneficiaries had a **positive improvement in their health status**. With a favorable risk trend over the last two years and a continued future favorable trend, this will result in **cost savings for the State and the employee over time**, and will be a direct cause in the reduction of the medical services trend. 📈




A favorable risk trend is demonstrated with more people moving to the low-risk category and fewer people in the high-risk category

HealthQuest, the wellness program of the State Employee Health Benefits Program, was recognized nationally and was awarded the 2013 Edington Next Practice Award. This honor is given to organizations that are actively engaged in the pursuit of a healthy, high-performing workforce and seeks to recognize the best, newest thinking. The State of Kansas earned the top post in the Recognition and Rewards category. 📈

The SEHP implemented the administration portal for the Non-State groups in 2013, eliminating the need for paper forms. The enrollment form and the documentation can be scanned directly into the system resulting in **efficiency and cost savings** for both the state health plan and the non-state groups.

The State Employee Health Plan actively promotes obesity awareness and currently has several programs already in place, with new programs set to begin in 2014 to help address and support the health plan members. The SEHP was a key player in implementing **Move Across Kansas**, an individual fitness tracking tool, and worked with the Health Care Commission to add bariatric surgery as a benefit beginning with Plan Year 2014.

Online application for child care providers reduces time to process and issue licenses

KDHE's online child care licensing application became available March 2013. KDHE receives more than 40 percent of new applications and 30 percent of renewal applications via the online system, reducing the amount of time to process an application and issue a child care facility license. This supports small business operation and results in available child care for families. The online application features the option for child care providers to enroll with the Department for Children and Families to serve families receiving child care subsidy, eliminating the need to submit separate paper applications to each agency. Child Care Licensing's purpose is to protect families through licensing and regulation of child care facilities, ensuring the health, safety, and wellbeing of children in out-of-home care. 

Working to expand the dental sealant program in Kansas

The Kansas School Sealant Program has seen tremendous growth since its inception during the 2010-11 school year.


Eighty-three of the state's 105 counties have a school sealant program in at least one of their schools.

This program is bringing access to preventative care to thousands of children who may not have obtained services without it. In 2013, 77 percent of these children were receiving Medicaid services or had no dental insurance.

The Kansas School Screening Program reported data for more than 150,000

students in grades K-12 through the 2012-13 school year. The data are used to help identify areas of higher untreated dental decay and low sealant numbers to allow for maximizing program effectiveness and allows for evaluation measures.

Pew Charitable Trusts reports that, "untreated decay can cause pain and infection that may lead to difficulty eating, speaking, socializing and sleeping, as well as poor overall health. Dental problems also negatively affect school attendance and performance."

By identifying untreated decay in the yearly school screening program and Kansas School Sealant Program, parents are informed of their child's results, allowing for early identification. 

KanCare taking shape: Improving outcomes for members, slowing the costs of Medicaid

KanCare services began in January 2013 for the approximately 380,000 Kansans who receive medical services through the joint federal-state Medicaid program. Under these Medicaid reforms, no one has lost eligibility and provider rates were not cut. Projected dividends can support other areas of the health system, such as **reducing the waiting lists** for Home and Community-based Services waivers for people with physical and developmental disabilities, as well as **training more doctors and nurses** through the University of Kansas Medical Center. KDHE looks forward to realizing the intended health outcomes through improved care coordination while maintaining a commitment to the year-1 operational measures. KanCare.ks.gov

KanCare continues to cover the kind of services that were covered before, plus **new services have been added**. Value-added services are unique to the three KanCare managed care organizations (MCOs) and are delivered at no cost to the State. In addition to the unique services offered by the MCOs, KanCare covers lung and heart transplants, which were not covered under the former Kansas Medicaid program: Jan - Nov 2013, **one lung and four heart transplants** were made possible by KanCare. 📌

KDHE Division of Health Care Finance reporting, January-November, 2013:


MCO	Top 3 Value-added Services for each MCO	Units	Value
Amerigroup	Adult Dental Care	2,596	\$263,444
	Healthy Rewards member incentive program	9,149	\$267,340
	Mail Order OTC member monthly allowance	6,554	\$105,828
	<i>Amerigroup all Value-added Services – Jan-Nov</i>	<i>25,157</i>	<i>\$931,776</i>
Sunflower	CentAccount debit card	67,473	\$1,351,138
	Dental visits for adults	18,659	\$367,293
	SafeLink/Connections Plus cell phones	10,527	\$503,506
	<i>Sunflower all Value-added Services – Jan-Nov</i>	<i>990,305</i>	<i>\$2,854,156</i>
UnitedHealthcare	Additional Vision Services	25,124	\$1,072,682
	Adult Dental Services	3,890	\$505,700
	KAN Be Healthy Screening incentive program	45,570	\$455,700
	<i>UnitedHealthcare all Value-added Services – Jan-Nov</i>	<i>89,607</i>	<i>\$2,392,735</i>
Combined Totals	All MCOs January- November 2013	1,105,069	\$6,178,667

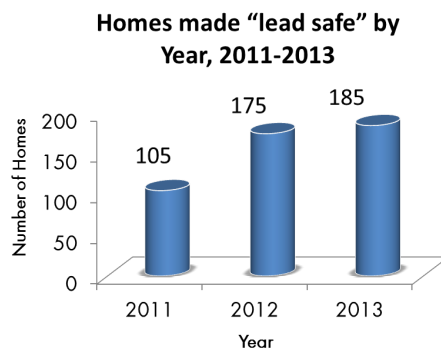
Reducing lead poisoning in children: a “learning” initiative

Young children are at the greatest risk for lead poisoning, which is closely associated with lead-based paint used in older homes. KDHE’s Healthy Homes program targets older homes where families with young children reside as part of a larger effort to eliminate lead poisoning in Kansas.

Lead is dangerous and can cause serious permanent damage and result in learning disabilities in children. Healthy Homes seeks out Kansas residents who qualify for low- or no-cost lead-based paint remediation work to be performed on their homes. The work is funded through a lead-based paint hazard reduction grant provided to KDHE by the U.S. Department of Housing and Urban Development.

Properties and residents who qualify may have improvements performed on the properties to permanently remove high risk lead hazards.

Improvements to properties are performed by licensed lead-abatement contractors and may include replacement of old windows and doors, installation of exterior siding and lead-based paint stabilization. 



Maintaining blood lead surveillance

Despite reductions in exposure over the past few decades, environmental exposure to lead remains a public health concern for both children and adults. Federal funding to states has been eliminated for lead surveillance. However, KDHE recognizes the importance of preventing blood lead poisoning as a priority public health issue. The Bureau of Epidemiology and Public Health Informatics’ recent implementation of a new surveillance system provided an opportunity to incorporate blood lead laboratory testing data collection into EpiTrax, a system traditionally used for infectious disease data collection. As a result, a new approach to blood lead surveillance in Kansas was established which involves working with Children’s Mercy Hospital, the Kansas University Hospital Poison Control Center, and local health departments to facilitate blood lead case investigations. Through this partnership, Kansas has maintained the capacity to monitor blood lead status in children and adults by maximizing public health information systems resources.

Preventing chronic disease and injury in Kansas

Chronic diseases, such as heart disease, stroke, diabetes and cancer, are the most common and costly of all health problems, but they are also the most preventable. In 2013, the Bureau of Health Promotion convened a diverse group of over 30 stakeholders to develop and release the first state plan to prevent and control chronic disease in Kansas. Four common, health-damaging, but **modifiable behaviors**—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use—are **responsible for much of the illness, disability, and premature death** related to chronic diseases in Kansas. Screening increases the chances of detecting disease early.

The Early Detection Works (EDW) program partners with over 300 Kansas providers to offer free breast and cervical cancer screening services to women who qualify.

- In 2013, EDW screened over 8,000 high risk, low income women.
- Since 1996, EDW providers have diagnosed **more than 815 cervical cancers and more than 493 breast cancers** in Kansas women.


Obesity is a contributing cause of many other health problems, including heart disease, stroke, diabetes, and some types of cancer. These are some of the leading causes of death in Kansas. While a healthy diet and routine physical activity are critical to reducing an individual's risk for becoming obese, not all Kansans have access to healthy foods such as fresh fruits and vegetables and places to be physically active. In 2013, KDHE and the Governor's Council on Fitness (GCOF) coordinated the 2nd Annual **Kansas Obesity Summit** for over 200 state and local **participants** to showcase evidence-based and promising practices currently underway in Kansas to reduce the prevalence of obesity. KDHE supported the launch of the GCOF Physical Activity Champions project, *Get Active Kansas!*, assisting in the recruitment of over 110 champions in 62 counties to serve as local advocates to increase the physical activity of Kansans.

Kansas Tobacco Quitline

- In 2013, there were **2,970 registrations** for phone or web-based counseling
- The Quitline has a **quit rate of 31 percent**
- For every \$1 invested in the Quitline and tobacco cessation media, **Kansas saves more than \$9** in medical expenditures and lost productivity

Tobacco use remains the single most preventable cause of disease, disability, and death in Kansas and is linked to nearly all chronic diseases. Cessation can significantly reduce the risk of suffering from smoking-related diseases. Tobacco/nicotine dependence is a chronic condition that often requires repeated interventions and requires support. **More than half (55 percent) of Kansas adults have tried to quit smoking one day or longer.**


Injuries have the second highest medical costs of all preventable health issues. **Unintentional injury is the leading cause of death for children, adolescents and young**

adults in Kansas. In 2013, the Safe Kids Kansas Buckle Up program checked 2,898 child safety seats at 184 local events across the state and has been credited with saving 36 lives in Kansas since it was first implemented in 1998. 

Healthy Kansans 2020 to provide common set of priorities for improving health statewide



Healthy Kansans 2020 (HK 2020) is the state health planning process to identify priority actions for improving the health status of Kansans. The process is designed to identify and address objectives from Healthy People 2020 pertinent to Kansas and to support the agency's preparation for public health accreditation. This is a highly participatory strategic planning process emphasizing multi-sector collaboration to address selected priorities.

In 2013, the HK2020 steering committee released the framework, outlining the three common themes and 11 priority strategies of the state health improvement plan. The plan, which is scheduled for release in early 2014, will provide organizations and agencies across the state a common set of priorities from which to work to improve the health of Kansans by 2020. The process addresses services of the health system as well as the role of both the individual and the community in improving population health. 

Healthy Living – Promote Physical Activity, Healthy Eating, Health & Wellness Programs, Tobacco Use Prevention, Supports for Social & Emotional Development of Children/Families


Healthy Communities – Policies Promoting Healthy Food Choices, Making the Default Choice the Healthy Choice, Access to Clean and Safe Environments

Access to Services – Address the Root Cause of Poor Health (food insecurity, homelessness, low education, income and health literacy), Manage Population Health through Health IT (electronic health records)



Quality Improvement: Pathway for Excellence

Kansas is charting a path for quality improvement (QI) in public health, and KDHE applies this assembled enthusiasm to a concerted effort in the use of QI tools and methods to analyze, track and improve its services.

For example, state health and environment programs are using QI to: **Streamline and expedite grant processes** for our community health partners; Improve the **sensitivity and quality of records and surveillance systems**; Incorporate **advanced diagnostic tools** for identification of contact investigations; **Integrate client-level services** after merging the HIV-AIDS Program and STD Program into what is now the STI/HIV Section; Streamline the **child care provider licensing** process; Restructure the billing system for Early Detection Works; Increase the number of primary care providers using **electronic health records to drive quality improvement in the management and control of chronic diseases**; Improve the financial assurance program for all permitted solid waste processing and disposal facilities; and Migrate active state employees to the Kansas Health Plan database to **increase functionality** for the human resource offices, the individual member and the employee health plan staff. 



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